

Equality and Disability Action Plans 2018-2023

Updated October 2020

Business Services Organisation
(BSO)

What is in this document?	Page
Introduction	3
Who we are and what we do	3
How people can be involved in our work	5
What the law says	6
How we reviewed our last plans and developed these new plans	7
What have we done so far	8
What we have learned so far	12
What is in our new plans	14
How we will monitor these plans	14
Equality Action Plan	16
Disability Action Plan	24

We will consider any request for this document in another format or language.

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Introduction

As Chair and Chief Executive of the Business Services Organisation (BSO) – we are committed to promoting equality and good relations. For people with a disability, we recognise that we have to do more to promote positive attitudes and to encourage their participation in public life.

We want to make sure we do this in a way that makes a difference to people. We will put in place what is necessary to do so. This includes people, time and money. Where it is right to do so, we will include actions from this plan in the yearly plans we develop for the organisation as a whole. These are called ‘corporate’ or ‘business’ plans.

We will also put everything in place in the organisation to make sure that we do what we have to under the law. This includes making one person responsible overall for making sure we do what we say we are going to do in our Equality and Disability Action Plans.

We will make sure we let our staff know of what is in our plans. We will also train our staff and help them understand what they need to do.

The person in our organisation who is responsible for making sure that we do what we have promised to do is Mark Bradley. When you have any questions you can contact him at:

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Who we are and what we do

The Business Services Organisation (BSO) is part of health and social care in Northern Ireland. We were set up in April 2009.

We do things like:

- Provide medical cards to allow people to go to their doctor and the hospital.

Chapter 4 Updated Equality and Disability Action Plans

- We let people know when they need to get checks on their health. Such as cervical or bowel cancer screening.
- We help staff working in health and social care to get their pensions.
- We check out if the money dentists, doctors, opticians and pharmacists get for their services is correct and we pay them.
- We manage and run the Northern Ireland Health and Social Care Regional Interpreting Service. This is a service that helps health and social care staff speak with people who are not fluent in English when they need to access health and social care.
- We buy goods and services that health and social care organisations use for patients and clients like gloves or band aids and lots more.
- Our lawyers provide help to health and social care organisations in cases that go to court.
- We need to make sure we have enough money to pay for the services.
- We also provide money advice to other health and social care organisations.
- We work with other health and social care organisations to make sure that we all obey the laws about employment, services, ethics, equality and human rights.
- We provide corporate services that help with the day to day running of the Business Services Organisation and other organisations, for example health and safety, buildings where staff work and handling complaints.
- We make sure that we make it easy for people to find out about what we do by keeping our website up to date.
- We draw up contracts with our customers and check out if they are happy with our services. We carry out surveys.

You can access further information about what we do on our website: <http://www.hscbusiness.hscni.net/about/2585.htm>

How people can be involved in our work

The main ways in which people can be involved in the work of the Business Services Organisation are:

- **as members of Research Ethics Committees**
Our Office for Research Ethics Committees recruits voluntary committee members by a Public Appointments process to make sure that members not only include people such as doctors and nurses but people from the wider community. Members review a range of health and social care research. This includes clinical trials of drugs, new medical technology and equipment as well as studies involving best practice and treatment.
- **Procurement and Logistics Service**
When we buy particular goods or services on behalf of other Health and Social Care organisations, we may involve people with a disability. We do this when Health and Social Care organisations think it is really important to make sure we buy the right things for people with a disability, for example contracts for wheelchairs.
- **Clinical Education Centre**
Our teams involve people with a disability and other service users in some of our training programmes. They may be involved in putting together the programme. They may also help deliver the programme to staff working in health and social care.
- **Leadership Centre**
We provide training courses and programmes for staff working in health and social care. From time to time this will involve service users, including those with a disability, in the delivery of the training. We also deliver training for service users on how to be involved in the work of the health and social care service through personal and public involvement.

What the law says

The Business Services Organisation (BSO) has to follow the law under **Section 75 of the Northern Ireland Act 1998**. It says that in our work we have to promote equality and good relations. We have to treat people fairly and based on their needs and to make things better for staff and people who use our services. It also says that we have to build better relationships between different groups of people.

There are nine different equality groups that the law requires us to look at:

- Gender (and gender identities)
- Age
- Religion
- Political opinion
- Ethnicity
- Disability
- Sexual orientation
- Marital status
- Having dependants or not.

There are three good relations groups we need to consider:

- Religion
- Political opinion
- Ethnicity.

We also have to follow the law under the **Disability Discrimination (Northern Ireland) Order 2006**, which says that we have to:

- promote positive attitudes towards disabled people and
- encourage participation by disabled people in public life.

This includes people with any type of disability, whether for example, physical disabilities; sensory disabilities (such as sight loss or hearing loss); autism; learning disabilities; dyslexia; mental health conditions (such as depression); or conditions that are long-term (such as cancer or diabetes). Some of these disabilities may be hidden, others may be visible.

Chapter 4 Updated Equality and Disability Action Plans

Both pieces of legislation require us to develop an action plan: an Equality Action Plan and a Disability Action Plan. We have to send these plans to the Equality Commission for Northern Ireland and then report every year on what we have done.

How we reviewed our last plans and developed these new plans

In starting off to develop this plan we looked at what we have done so far to promote equality and good relations, to promote positive attitudes towards disabled people and to encourage their participation in public life.

We asked all teams in our organisation to think through the following questions:

- What has worked well?
- What hasn't worked well?
- What lessons have we learned?
- Did we do what we said we would do?
- Has this made a difference for people in the way we thought it would?

For the new plans, we asked them to consider two questions:

- In your area of work, what are the key issues for people in the equality groupings?
- What can you do to address these issues?

We encouraged our staff to look at a range of sources of information such as:

- new research or data
- equality screening exercises that have been completed
- their professional experience and knowledge
- issues raised in consultations or through other engagement with staff and service users.

We also learned from what we heard when we:

- held coffee mornings to talk with staff about issues important to those who have a disability and those who care for somebody who has a disability

Chapter 4 Updated Equality and Disability Action Plans

- ran a survey with staff to find out what they think an Employer of Choice for people who have a disability or those who care for somebody with a disability looks like
- spoke with the members of our disability staff network to find out what we should do to promote equality for those who have a disability and those who care for somebody who has a disability
- together with our colleagues in the Health and Social Care Trusts ran an engagement event with people from different equality groupings to find out what they think we could do to better promote equality.

We also read up on what the Equality Commission says would be good to do. All this helped us think about what else we could do to make a difference.

We then consulted publicly on our draft plans. When we started the consultation we informed all consultees on our consultation list of the details of the consultation and how people could engage with us directly or respond in writing. We invited consultees to attend one of two consultation events, one in Belfast and one in Derry/Londonderry. In addition, we offered to meet in person with anyone preferring to do so.

We engaged closely with Tapestry, our Disability Staff Network, in the development of our Disability Action Plans. We likewise drew on our learning from a survey that we carried out with staff who have a disability or who care for somebody who has a disability. The survey focused on what would make an organisation an Employer of Choice for them.

What we have done so far

This is some of what we have done to promote equality under our previous Equality Action Plan:

- Family Practitioner Services Call/Recall Services for Bowel Cancer Screening:
Next Generation Text (NGT) Service was put in place for patients who have hearing impairments and has since been included in leaflets for service users. This has helped to improve access to the helpline. Moreover, the IT system is being amended to enable those with sight impairments to be

Chapter 4 Updated Equality and Disability Action Plans

flagged. This will enable patients to be contacted by the office in advance and offered two so-called 'fit tests' rather than the normal 'fob test'. This may make it easier for some people with sight impairments to participate in bowel cancer screening.

- **Gender Identity and Expression Employment Policy:**
Together with our Trust colleagues we have developed a policy that supports people who identify as transgender or non-binary in the workplace. We worked with individuals and with voluntary sector groups who represent people who identify as transgender or non-binary to inform our draft policy. We then ran a formal consultation. The policy was approved by all HR Directors across the HSC in September 2017. This means that the approach will be consistent across all Health and Social Care organisations.
- We produced a signposting resource for our staff. It provides information on support networks in the community for people from each of the nine equality groups. We update this resource every year.
- A number of measures that we have completed help to support our staff access better equality data when they develop policies and pieces of work. Staff now complete data on their own diversity background on our new HR IT system. We also wrote an article for all staff on equality data that the Census 2011 collected. We also briefed our senior staff who are involved in equality screening on what data is available and how to access it.
- **Internal Audit:**
In our audit processes, whenever policies are part of an audit we have embedded a check as to the completion of an equality screening for these policies.

This is some of what we have done to promote positive attitudes towards disabled people and encourage the participation of disabled people in public life.

Promote positive attitudes towards disabled people

- To date, we have held seven disability awareness days for our staff. Each looked at different disabilities: Epilepsy, Sight

Chapter 4 Updated Equality and Disability Action Plans

loss and blindness, Depression, Hearing loss and deafness, Learning disabilities, Cancer, and Arthritis and Musculoskeletal conditions.

- We developed an elearning resource on disability. It is available to all Health and Social Care staff. All our staff have been asked to complete the programme at induction.
- Community Equipment and Continence Service: Specific awareness training has been delivered to our staff and contracted drivers who are dealing directly with the general public on areas such as hearing loss and partial sight. This training increased awareness among staff and gave them greater confidence in dealing with clients with these disabilities.
- We have delivered training sessions on mental health awareness to our staff, including on mental health first aid, mindfulness and managing stress, and courses for staff who are carers.
- We developed a staff resource on disability etiquette, a resource and checklist on how to positively portray people with a disability in their work.
- One of our non-executive board members has volunteered to be a Disability Champion at board level.
- We include the disability duties in all Equality Awareness and Equality Screening Training that the BSO Equality Unit delivers.

Encourage the participation of disabled people in public life

- We set up a disability network for our staff. Part of the role of this network is to raise disability issues with decision makers in our organisation.
- We run a disability work placement scheme together with the Health and Social Care Board for all the 11 regional Health and Social Care organisations. So far, we have provided between 5 and 15 placements for people with a disability in the BSO every year.

Chapter 4 Updated Equality and Disability Action Plans

- During the recent three public appointment rounds when the Office for Research Ethics Committees Northern Ireland (ORECNI) recruited members for the Health and Social Care Research Ethics Committees, we sent an email directly to disability groups to make them aware and invite persons with a disability to apply. This was on top of our advertisement. We have also gone out to disability groups and explained what Research Ethics Committees are about and how to get involved.
- Our Community Equipment and Continence Service team have introduced a text messaging service. This makes it easier for some people who are Deaf or hard of hearing to make contact with the team – and for the team to make contact with them.
- Our sourcing staff are asking Contracting Adjudication Groups to consider composition of panels to include persons with a disability on specific procurements. This action is recorded within the Tender Strategy.
- Our Clinical Education Centre (CEC) produced a service user position paper in January 2015 to establish the volume, level and type of input from service users into CEC programmes. A number of CEC programmes now involve service users in the planning, delivery and evaluation of the programmes. A number of these service users have a disability and their input has been identified as being an essential component of the programme delivery. For example, service users with a Personality Disorder cofacilitate delivery of the KUF programme. Service Users with a range of disabilities/conditions are invited to participate in the delivery of programmes to provide opportunities for greater engagement/understanding of their condition and how care pathways can be enhanced in the future. Examples include Basic Bobath programmes and the Hydrotherapy Programme for Children with complex needs.
- The NI Electronic Care Record (NIECR) team completed discussions with Bamford Group for Mental Health and Learning Disability as well as a representative group from the Patient and Client Council. This informed the decision to bring selected mental health information into NIECR with appropriate safeguards implemented.

Chapter 4 Updated Equality and Disability Action Plans

- We have developed standards and guidance for the involvement of people with a disability and a checklist for organising inclusive meetings.
- We have put in place a process for publishing screening templates as soon as they are completed. A disability organisation had suggested that we do so. We do the same for publishing the quarterly screening reports. These are opportunities for people with a disability to make their voice heard on policies and decisions.
- We developed a resource for line managers on reasonable adjustments for staff with a disability.

What we have learned so far

Monitoring

Even with proactive encouragement, our staff seem reluctant to declare their disability. So we need to keep working on this, including trying to find out why staff do not declare their disability. We will work closely with our disability staff network on this.

Placements

Managers and staff who have been involved in the scheme to date have told us that they have gained a better understanding of disabilities through working side by side a person who has a disability. Many have been impressed by the attitude and performance of the individual on placement. We evaluated our placement scheme each year and made changes in the next year's scheme to improve the experience for participants. For example, at times, the matching of individuals as to their interests, skills and experience and those required for the tasks of the placement offered wasn't an appropriate fit. To address this, we involved the Employment Support Officers and the Placement Managers more closely in the matching. We will carry all our learning into our new plan.

Awareness Days

We have found that attendance at awareness days events is greatest when the subject is most relevant to staff. This can be because they have the condition themselves or they know or work with someone who has the condition. We will continue to ask staff

Chapter 4 Updated Equality and Disability Action Plans

which areas relating to disability they would like more information on.

Training

Through a number of visual and hearing loss awareness sessions our staff in the Procurement and Logistics team learned a lot about the extent to which staff need the skills and confidence to communicate with a range of clients.

Our staff in the Clinical Education Centre (CEC) have developed an increased awareness regarding the range of disabilities and needs and increased their ability to facilitate individuals' disability needs. This was highlighted when staff provided feedback in relation to examples detailing any adjustments they have to accommodate the needs of applicants/attendees/visitors to CEC in relation to disability/equality. For example, adjustments were made to enable involvement of a Service user with Narcolepsy within a Palliative Care Programme.

We have found that our e-learning training on Disability is a really useful resource to train our large numbers of staff. We have also found that sometimes we need to run specific training courses, for example on autism awareness or deaf awareness when the need is identified. We will continue to take this approach of a combination of e-learning and classroom based training. People have told us that they take away a lot from sessions that are delivered by people with a disability themselves.

Tapestry – Disability Staff Network

There are benefits in having staff without a disability involved in the Tapestry Network as well as they can bring back information in relation to how best to support staff with disabilities.

Facilitating the involvement of people with a disability in our work

It is essential to have links with key personnel within HSC Trusts and the Patient and Client Council to ensure service user involvement is maximised and appropriate to the learning outcomes of the programmes.

What is in the new plans

There are two separate tables below. The first table lists all the actions that we will do to promote equality and good relations. This is our Equality Action Plan.

The second table describes what we will do to promote positive attitudes towards people with a disability and to encourage their participation in public life. This is our Disability Action Plan.

In both plans we also say what difference we hope to make and when we will do these actions.

How we will monitor these plans

Every year we will write up what we have done. We will also explain when we haven't done something. We send this report to the Equality Commission. We also publish this report on our website: www.hscbusiness.hscni.net

We will have a look at the plans every year to see whether we need to make any changes to them. If we need to, we will write those changes into the plans. Before we make any big changes we talk to people in the equality groupings to see what they think.

When we finish an action we will take it off the plans for the next year. That way we will keep our plans up to date. They will show what we still have to do.

After five years we will look at our plans again to see how we have done. We will also see what else we could do.

Whenever we develop or look at our plans we will invite people who have a disability to help us.

The plans are also available on our website:
www.hscbusiness.hscni.net

We will send our plans to all organisations and individuals on our consultation list when we have finalised them and also when we have made major changes to them.

To find out whether what we do makes a difference, we will do a number of things, for example:

Chapter 4 Updated Equality and Disability Action Plans

- For training and awareness events, we ask our staff about what learning they are taking away with them and what they may do differently as a result of what they have learned.
- We do a survey with people from a particular equality group after we have delivered an action targeted at them to ask whether they actually feel better supported as a result.
- We check summary figures to see whether, for example, more people from a particular under-represented group are availing of a service after promoting it to them specifically.

You can find further information on how we will monitor each action in the plans themselves.

Equality Action Plan 2018-2023: What we will do to promote equality and good relations

What we will do	What we are trying to achieve	Performance Indicator and Target	By whom and when
<p>Information Technology Services (ITS)</p> <p>1. Women in senior ITS roles: Review and compare the % of women and men within senior ITS roles over various periods of time. Create workshops to explore any barriers for career progression of women within ITS.</p>	<p>More representative gender balance in senior ITS roles.</p>	<p>Workshops held. Increased share of women working at senior levels (quantifiable targets to be determined following review).</p>	<p>Director of Customer Care and Performance. By end of March 2021.</p>
<p>Information Technology Services (ITS)</p> <p>2. Managing the changing of gender on HSC ICT systems for people identifying as transgender: Implement agreed work arising from 2017/18 workshops with stakeholders convened by ITS to develop a regional approach.</p>	<p>Improved management of Transgender records resulting in safer treatment. Ensuring that relevant patients are aware of impact on their individual health screening programmes.</p>	<p>Actions implemented.</p>	<p>Director of Customer Care and Performance. By end of March 2023.</p>

Chapter 4 Updated Equality and Disability Action Plans

What we will do	What we are trying to achieve	Performance Indicator and Target	By whom and when
<p>Information Technology Services (ITS)</p> <p>3. Review all systems that contain patient and HSC staff data in regards to Section 75 with a view to implement changes where required.</p> <ul style="list-style-type: none"> Identify further systems and implement changes where required. 	<p>Improved management of Transgender records resulting in safer treatment.</p> <p>Ensuring that relevant patients are aware of impact on their individual health screening programmes.</p>	<p>Number and nature of new projects that have addressed gender identity data.</p>	<p>Director of Customer Care and Performance.</p> <p>By end of March 2023.</p>
<p>Family Practitioner Services</p> <p>4. Invitation to health screening programmes (cervical and bowel): Together with our customer, the Public Health Agency, review the process for inviting persons of different gender identities.</p> <ul style="list-style-type: none"> Identify any changes required to the registration system. Address any changes required to the invitation process. 	<p>Service users who identify as transgender or non-binary are invited to appropriate health screening programmes in line with gender-specific clinical risks.</p>	<p>Weaknesses in the current process are identified with input from service users.</p> <p>Changes to the process are agreed with input from service users.</p>	<p>Director of Operations.</p> <p>By end of March 2021.</p> <p>By end of March 2023.</p>

Chapter 4 Updated Equality and Disability Action Plans

What we will do	What we are trying to achieve	Performance Indicator and Target	By whom and when
<p>Human Resources</p> <p>5. Staff who are carers: Provide information for staff on available policies and measures that might meet their needs; including sign-posting to relevant support organisations.</p> <p>Monitor requests for uptake of work-life balance policies.</p>	<p>Staff who are carers feel more supported in the workplace.</p>	<p>Baseline staff survey and after 3 years (quantifiable targets to be determined following baseline survey).</p>	<p>Director of Human Resources with support from Equality Unit.</p> <p>By end of March 2021.</p>
<p>Human Resources</p> <p>6. Develop support mechanisms for staff experiencing domestic violence.</p> <ul style="list-style-type: none"> • Scope best practice across the HSC and beyond. • Develop measures to support staff with experience of domestic violence. • Undertake awareness raising relating to new mechanisms. 	<p>Staff with experience of domestic violence feel better supported.</p>	<p>Feedback from staff who have drawn support through the mechanisms indicates a positive experience.</p>	<p>Director of Human Resources.</p> <p>By end of March 2021.</p>

Chapter 4 Updated Equality and Disability Action Plans

What we will do	What we are trying to achieve	Performance Indicator and Target	By whom and when
<p>Human Resources</p> <p>7. Fair Participation in the Workplace:</p> <p>Undertake outreach work with relevant community and voluntary sector groups to encourage applications for posts from under-represented groups</p> <p>Identify under-represented groups.</p> <p>Undertake targeted outreach work.</p>	<p>The workforce is more representative of the Section 75 profile of the working age population in NI.</p>	<p>Article 55 report and monitoring data indicates a more representative workforce</p>	<p>Director of Human Resources</p> <p>By end of March 2021</p>
<p>Human Resources</p> <p>8. Roll-out of the Gender Identity and Expression Employment Policy:</p> <p>Deliver awareness and training initiatives to relevant staff</p>	<p>Staff who identify as transgender and non-binary feel more supported in the workplace</p>	<p>Feedback from staff who have drawn support through the policy indicates a positive experience.</p>	<p>Director of Human Resources with support from Equality Unit</p> <p>By end of March 2021</p>

Chapter 4 Updated Equality and Disability Action Plans

What we will do	What we are trying to achieve	Performance Indicator and Target	By whom and when
<p>Human Resources</p> <p>9. Equality and human rights training:</p> <p>Roll out of 'Making a Difference' – e-learning.</p> <p>Deliver on training targets for all staff.</p>	<p>Increased staff awareness of equality and human rights.</p>	<p>Making a Difference e-learning included in mandatory training for staff</p> <p>All staff have completed the training</p>	<p>Director of Human Resources and SMT</p> <p>By end of March 2023</p>

Disability Action Plan 2018-2023: What we will do to promote positive attitudes towards disabled people and encourage the participation of disabled people in public life

What we will do	What we are trying to achieve	Performance Indicator and Target	By whom and when
<p>Awareness Days</p> <p>1. Raise awareness of specific barriers faced by people with disabilities including through linking in with National Awareness Days or Weeks (such as Mind your Health Day).</p>	<p>Increased staff awareness of a range of disabilities and needs.</p>	<p>2 awareness days profiled every year.</p> <p>>50% of staff taking part in the evaluation indicate they know more about people living with disabilities as a result of the awareness days.</p>	<p>Equality Unit.</p> <p>By end of March 2021.</p>
<p>Placement Scheme</p> <p>2. Create and promote meaningful placement opportunities for people with disabilities.</p>	<p>People with a disability gain meaningful work experience.</p>	<p>At least 10 placements offered by BSO every year.</p> <p>Feedback through annual evaluation of scheme indicates that placement meets expectations.</p> <p>At least 2 placement participants are successful in applying for paid employment within 12 months of completing their placement.</p>	<p>Senior Management Team (SMT) with support from Equality Unit.</p> <p>By end of March 2021.</p>

Chapter 4 Updated Equality and Disability Action Plans

What we will do	What we are trying to achieve	Performance Indicator and Target	By whom and when
<p>Tapestry</p> <p>3. Promote and encourage staff to participate in the disability staff network and support the network in the delivery of its action plan.</p>	<p>Staff with a disability feel more confident that their voice is heard in decision-making.</p> <p>Staff with a disability feel better supported.</p>	<p>Tapestry staff survey in 2022-23.</p>	<p>SMT with support from Equality Unit.</p> <p>By end of March 2021.</p>
<p>Monitoring</p> <p>4. Encourage staff to declare that they have a disability or care for a person with a disability through awareness raising and providing guidance to staff on the importance of monitoring.</p>	<p>More accurate data in place.</p> <p>Greater number of staff feel comfortable declaring they have a disability.</p>	<p>Increase in completion of disability monitoring information by staff to 90%.</p>	<p>SMT with support from Equality Unit.</p> <p>By end of March 2021.</p>

Chapter 4 Updated Equality and Disability Action Plans

What we will do	What we are trying to achieve	Performance Indicator and Target	By whom and when
<p>Training</p> <p>5. In collaboration with disabled people design, deliver and evaluate training for staff and Board Members on disability equality and disability legislation.</p>	<p>Increased staff and Board Member awareness of the range of disabilities and needs.</p>	<p>Number of staff trained (general and bespoke) through eLearning or interactive sessions.</p> <p>Staff awareness initiatives delivered.</p> <p>Feedback from staff who have a disability indicates satisfaction with support provided.</p>	<p>SMT with support from Equality Unit.</p> <p>By end of March 2021.</p>
<p>6. Sign up to Mental Health Charter and to Every Customer Counts.</p>	<p>Staff with mental health conditions feel better supported in the workplace.</p>	<p>Tapestry staff survey in 2022-23.</p>	<p>SMT with support from Equality Unit.</p> <p>By end of March 2023.</p>

Chapter 4 Updated Equality and Disability Action Plans

What we will do	What we are trying to achieve	Performance Indicator and Target	By whom and when
7. Explore the scope for identifying ring-fenced posts for people with a disability.	People with a disability are better represented in the workplace.	Increase in % of staff who have a disability. (*dependant on data quality)	Director of Human Resources with support from Equality Unit. By end of March 2023.
8. Use our influence to scope the possibility of monitoring disability-related absences across the HSC, together with our partners.	Improved data quality. Enable meaningful monitoring of the impact of positive action targeted at staff who have a disability on reducing any absence due to their disability.	Discussion held with HSC partners.	Director of Human Resources. By end of March 2021.
9. Raise awareness about arrangements to cover costs of making reasonable adjustments for staff with disabilities.	Staff with a disability are better supported to join or stay in the workplace. Managers are supported to make reasonable adjustments in a timely manner.	Feedback from staff with a disability indicates satisfaction with reasonable adjustments in place.	Equality Unit. By end of March 2021.

Chapter 4 Updated Equality and Disability Action Plans

What we will do	What we are trying to achieve	Performance Indicator and Target	By whom and when
<p>Procurement and Logistics Service</p> <p>15. The law on procurement by public sector organisations allows for ‘reserving’ contracts in certain circumstances*. This means that in those cases, only organisations whose main aim is to integrate disabled or disadvantaged people can bid for the work. It can also mean that the work under the contract is done through ‘sheltered employment programmes’ where at least 30% of staff have a disability or are disadvantaged.</p> <p>We will use our influence to explore these provisions and together with Trust Contract Adjudication Groups determine the appropriateness to reserve suitable contracts.</p> <p>* Article 20 of the Public Contracts Directive</p>	<p>Greater participation of people with a disability in employment.</p>	<p>Number of contracts considered for appropriateness as a reserved contract.</p> <p>Number and nature of contracts where the decision to reserve is taken.</p> <p>Number of employees with a disability of participating operators.</p>	<p>Director of Operations.</p> <p>By end of March 2021.</p>

Chapter 4 Updated Equality and Disability Action Plans

What we will do	What we are trying to achieve	Performance Indicator and Target	By whom and when
<p>Clinical Education Centre (CEC)</p> <p>16. Raise awareness of Visual Impairment and the impact it has on people receiving assessment and treatment from health professionals</p> <ul style="list-style-type: none"> • amongst CEC staff • across Allied Health Professions 	<p>CEC staff and Allied Health Professions are enabled and more confident in meeting the needs of people with visual impairment.</p>	<p>Number of staff and AHP professions trained.</p>	<p>Head of Clinical Education Centre.</p> <p>By end of March 2021.</p>
<p>Clinical Education Centre</p> <p>17. Identify and facilitate the involvement of disabled people in our work such as in relation to the Knowledge Understanding Framework*/ Chronic Pain Management/Bobath** programmes and as programmes are reviewed or new programmes are being developed.</p> <p>* relating to mental health ** relating to physical disability</p>	<p>Programmes are informed by experts by experience.</p> <p>Greater participation of people with a disability in public life.</p>	<p>Number and nature of programmes where people with a disability have been involved and how.</p>	<p>Head of Clinical Education Centre.</p> <p>By end of March 2021.</p>

Chapter 4 Updated Equality and Disability Action Plans

Signed by:

Chair

Date:

Chief Executive

Date:



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